

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9180</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RALPH V HEDIAN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3022 LAKE AVENUE</u> City <u>CHEVERLY</u> State <u>MARYLAND</u> ZIP Code + 4 <u>20785-3141</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</u> Labor Organization File Number <u>005-215</u> P.O. Box, Building and Room Number, if any _____ Street <u>9600 MARTIN LUTHER KING HIGHWAY</u> City <u>LANHAM, MARYLAND</u> State <u>MARYLAND</u> ZIP Code + 4 <u>20706</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER &amp; (SECRETARY OF E-BOARD)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ralph V Hedrian

On

8-8-2005

Date

703-856-3407

Telephone Number

Name of Person Filing <u>RALPH V. HEDIAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Elevator Industry Educational Program

Trade Name, if any: \_\_\_\_\_

~~STREET~~  
P.O. Box, Bldg., Room No., if any Eleven (11) Larsen Way

~~CITY~~  
City Attleboro Falls

State MASSACHUSETTS ZIP Code + 4 02763

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

~~TRUST~~ See Attachment

11.b. Approximate dollar value of such dealing. See Attachment

12.a. Nature of interest held or income received.

salary

12.b. Amount. ~~7,160.00~~ 7,160.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

### LM-30 Attachment

Name: *Ralph U. Hedson*  
12/31/04

Ending date of report period:

LM-30 File Number: To be assigned

#### LM-30 Items Number

- 8, Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s)
- 9, including reimbursement of valid expenses by a trust in which the labor organization is
- 11a interested as though the trust was a business. This guidance provides a trust's dealings with  
and, a labor organization include the trust's receiving contributions from employers obligated to
- 11b fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may also be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, the plan is listed here as though it is a business that has dealings with the labor organization, but no amount is reported in 11b and the total amount of all such dealings is not ascertainable. Also note, the DOL software for preparing Form LM-30 does not permit, in part B item 9, selecting more than one answer.